

## THE ALLEGED INCREASE OF INSANITY AND THE HOSPITAL TREATMENT OF MENTAL DISEASES.

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IN the annexed report the question of the alleged increase of insanity is considered from the point of view afforded by the experience of the Barony parish of Glasgow during the last four years. The "Barony" is the most populous parish in Scotland, and it is almost entirely urban; for these reasons, and also because the policy of the Board of Managers, in relation to the insane poor, has always been generous and forward in the adoption of the best means for securing the comfort and curative treatment of the patients, it may be assumed that the experience of the Barony parish and the conclusions to be drawn therefrom may fairly enough be held to be applicable to the rest of Scotland. All the considerations that influence people in sending their relatives to asylums as pauper lunatics are found in a large urban parish, and so the differences that exist, as between urban and rural districts, and between one rural district and another, are counterbalanced. The erection of well appointed and conveniently situated asylums throughout Scotland by the District Boards of Lunacy has been one of the chief causes in inducing the relatives of insane persons to place them in asylums as pauper lunatics. The Barony parish has received the full effect of that influence, their excellent asylum at Lenzie being suitable as regards comfort, and convenient as regards situation; further, it was opened for the reception of patients just when public opinion was beginning to move in favour of placing all unusual private and family burdens upon public institutions and public rates.

In view of the fact that the figures relating to the disposal of applications annually made to the inspector of the Barony parish, on behalf of supposed insane persons since 1889 have been carefully recorded, I have endeavoured to indicate the conclusions to be drawn from a review of the statistics, especially in relation to the question of the supposed increase of insanity. Last year I indicated in a general way the results of our investigations, and this year I have reviewed the four years and indicated the results in detail. These results are, briefly, that while the number of applications made to the inspector for the removal to the asylum of

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supposed insane persons shows an annual increase, the number of persons actually sent to the asylum shows no appreciable increase; that, of those sent to the asylum, cases of first attacks of insanity compared with recurrent attacks show no tendency to increase; and, that there is no increased prevalence of any of the usual causes of insanity.

When the Barony Parochial Board determined to adopt means for an adequate investigation of all lunacy applications, so as to prevent, if possible, removal to the asylum of cases not specially in need of asylum care and treatment, the fact was kept in view that a certain number of cases would require some form of special care for short periods, and therefore, with the approval of the General Board of Lunacy and the sanction of the Board of Supervision accommodation for such cases was specially set apart in the hospital at Barnhill, under the care of Dr. Core. Twenty-five per cent of the total number of applications this year were treated there, without in any case removal to the asylum becoming necessary. The cases treated in Barnhill, though not certified insane, were as really cases of mental disease as those sent to the asylum, the difference being that they were of a temporary character, and were more manifestly dependant upon physical causes. By adopting this method of dealing with temporary mental disorders, we have really been making an experiment in the hospital treatment of mental diseases; and, although the experiment has been limited in many important directions, yet it has been eminently satisfactory in its results, securing, as it has done, the purpose for which it was instituted, and being suggestive of wider application for securing more important results.

The present system of sending persons suffering from mental diseases to lunatic asylums as the only available institutions for their treatment has many serious disadvantages, the most obvious and not the least important being that curable patients are usually sent there as a last resort, and incurable patients are removed to the asylum to be out of the way of being troublesome to their relatives at home. The curative influences of asylums are, from these and other causes, seriously hampered. The movement presently going on among asylum physicians for the erection of hospital accommodation apart from the chronic blocks in asylums, is a recognition by those engaged in the treatment of the insane of the need that exists for new methods, better adapted to the requirements of patients suffering from mental diseases than those hitherto in use. But it is open to doubt whether the means suggested are sufficient for the purpose in view—namely, the curative and preventive

treatment of mental diseases. These diseases are varied in their essential characters (a fact frequently forgotten when they are grouped under the general term "insanity"), and they have their analogies, and frequently their causes, in disorders of other organs besides the brain; it follows, surely, that skill and experience in the diagnosis and treatment of general diseases should be valuable aids to the successful treatment of states of mental disorder. Asylum life does not afford that experience to the medical officers. Instead, they are immersed in household cares and farm management. To obtain the full benefit of hospital treatment for cases of mental disease, I venture to believe that the hospital and asylum should be separate institutions, and that the hospitals should have a visiting staff of experienced physicians and surgeons. It would be as reasonable to place eye-infirmaries inside the walls of blind asylums and leave the treatment of all the cases (acute eye diseases and total incurable blindness alike) in the hands of one medical superintendent, who, in addition to his medical duties had charge of the entire institution, as it is to adopt a similar proceeding in connection with large asylums for the pauper insane, in view of modern knowledge in regard to nervous and cerebral pathology, and in view likewise of the great importance attaching to pauper lunacy because of the large amount of public money spent on account of it. It is right that recognition should be made of the fact that certain medical superintendents of Royal Asylums have endeavoured to make their asylums assume more of the character of hospitals, and so increase the usefulness of their institutions as curative establishments, by getting their directors to admit curable cases at low rates of board, so as to secure the efficient and early treatment of such cases where the question of cost might prove a hindrance to early treatment. Of course, the question of the cost of treatment does not materially affect those cases which become pauper lunatics, as a cause preventing early treatment, but other considerations quite as potent operate to prevent the early recognition and treatment of mental disorders among the poorer classes. With the view of doing something for the preventive treatment of insanity, St. Thomas's Hospital, London, and certain large asylums have instituted out-patient departments for mental cases, and the results obtained have been satisfactory. We have abundant material in Glasgow for similar efforts, and the need is as great here as elsewhere.

I have only stated the case for the hospital treatment of mental diseases; a discussion of the subject would occupy more space than is now available. Certain facts, however, may suitably be left for reflection. The recovery-rate and



the death-rate in asylums have remained practically unchanged since 1858. The number of recoverable patients in asylums is, on a favourable estimate, not more than 20 per cent of the total number resident; so that, to the extent of four-fifths of the accommodation, asylums are occupied by chronic cases. The public expenditure for the maintenance of 12,844 pauper lunatics in Scotland last year was £251,628.

In view of facts like these, it is not sufficient to be able to say that insanity is not increasing; the problem must be faced—Why is it not decreasing?

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*Fourth Annual Report on Certification of Lunatics, for Year ended 14th May, 1893. Presented to the Barony Parochial Board.*

	" Males.	Females.	Total.	Previous 12 Months.
Certified, . . . . .	106	93	199	192
Uncertified, . . . . .	82	69	151	153
Total Applications,	188	162	350	345

"I have the honour to submit the fourth annual report on lunacy applications for the year ending 14th May, 1893. The total number of applications made to the inspector was 350, of which 188 were for males, and 162 for females. 199 cases were found requiring asylum care and treatment, leaving 151 uncertified. Of those not certified, 87 were treated in the special wards at Barnhill Hospital; and the results of treatment there show that 78 were discharged recovered, the period of residence not exceeding one month, 7 died, and 2 remained under treatment at 14th May. Nine cases were first tried in Barnhill, but, not improving, were afterwards removed to the Asylum. Including the 9 removed to the Asylum, the total number treated at Barnhill was 96. Compared with last year, the numbers treated at Barnhill show a decrease this year of nine cases, 105 having been treated last year, and 96 this year. If we consider the total number of cases treated in both establishments during the year, we find that in all 286 were placed under treatment, 199 in the Asylum and 87 in Barnhill, which, compared with last year, during which period 291 were so dealt with, shows a decrease this year of five cases under treatment. While, therefore, the number of applications and the number of cases certified for the Asylum have slightly increased, it is satisfactory to note that the total placed under treatment has slightly decreased. There have been 64 cases this year, compared

with 54 last year, disposed of in a variety of ways other than by becoming chargeable to the parish. Several were treated at home, some showed no evidence of insanity, while others were taken charge of by friends, or taken over uncertified by other parishes. All cases taken over by other parishes, after having been certified here, but before removal to our Asylum, are included in the number of cases certified.

"The number of applications annually made to the inspector on account of mental unsoundness continues to increase. Since 1889-90, the first year upon which we reported regarding lunacy applications, there has been an annual increase in the number of applications—this year the increase being 42 compared with 1889-90, the total number of cases treated also showing an increase.

"The following tabular statement shows the comparison between the two periods 1889-90 and 1892-93 in respect of the total applications, the numbers treated in the Asylum and in Barnhill Hospital, and the number of cases taken over by friends, and other parishes, or treated at home:—

Total applications for year ended		
14th May, 1890, . . . . .	308	
Total applications for year ended		
14th May, 1893, . . . . .	350	
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Increase, . . . . .		42
		<hr/>
Cases certified Insane, 1890, . . . . .	187	
Do. do., 1893, . . . . .	199	
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Increase, . . . . .		12
Cases treated in Barnhill Hospital,		
1890, . . . . .	53	
Cases treated in Barnhill Hospital,		
1893, . . . . .	87	
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Increase, . . . . .		34
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Total increase under treatment,		46
Cases not certified and not treated		
by parish, 1890, . . . . .	68	
Cases not certified and not treated		
by parish, 1893, . . . . .	64	
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Decrease, . . . . .		4
		<hr/>
Nett increase as above,		42
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“The conclusion to be drawn from these figures is, that the increase in the number of applications is due to an increase in the number of persons requiring some form of special care and treatment, though only to the extent of 12 in 46 actually in need of asylum treatment, the larger number having suffered from mental disturbances of a degree requiring only temporary hospital treatment. How have we met that increase in the number of applications and provided for the increased number of cases requiring special care without adding to the number of certified lunatics, except to an extent equivalent to the increase of population? (1) ‘By a careful scrutiny of applications for relief on account of mental unsoundness, so as to ensure that relief is not given on that ground except when it is necessary in the interest of the lunatic or of the public.’ (*Annual Report of Lunacy Commissioners, 1892*); and (2) by providing suitable hospital treatment for the cases of slight or temporary mental disorder that did not require asylum care and treatment. In this way we have been able to reach the normal level of certifiable insanity occurring in this parish. The results obtained are important in relation to the enquiry into the causes of the alleged increase of lunacy. In view of the constant yearly increase in the number of certified lunatics disclosed by the annual reports of the Commissioners in Lunacy for Scotland, the question is being asked: is insanity on the increase? The Commissioners have expressed their opinion that the increase in the number of certified lunatics annually sent to asylums does not indicate any actual increase in the occurrence of insanity among the community, and, in explanation, they state their opinion that certain more or less removable causes have contributed to this result. The Government grant of 4s. per patient weekly in aid of local rates has been suggested to be one of the chief causes of the increase, acting—it is held—as a direct inducement to Parochial Boards to transfer troublesome and weak-minded old people from the ordinary pauper roll to the lunacy roll. So far as that may have been the case, it has now ceased to be operative in producing further increases, because in the nature of the case any one cause of an incidental nature must reach a limit beyond which it cannot pass, provided the population and the relative occurrence of weak-mindedness remain equal in proportion. It never appeared to me that the Government grant in aid was an appreciable cause of the increase of certified lunacy in this parish, whatever it may have been elsewhere. Other causes, however, have been enumerated by the Commissioners which have been very

effectual in causing the increase of applications on account of alleged insanity in this parish; these are, put briefly, that instead of viewing asylums with suspicion and dislike, the poorer classes now avail themselves of the advantages offered by these institutions more readily than formerly, and that not only because asylums afford the requisite medical skill for the curative treatment of mental disorders, but also because the relatives of the patients are thereby relieved of the burden of maintaining at home troublesome and usually non-wage earning dependents. The experience of this parish is that these causes alone sufficiently explain the increase in the number of patients we have had to treat, although, as the figures show, there has been no actual increase of certified lunacy beyond what is caused by the increase of the population. The following tabular statement brings out two important points relating to the increase in the number of applications annually made to the inspector, and to the number of those annually certified:—

Year ended 14th May.	Population.	Total Applications.	Total certified insane.	Proportion certified insane per 100,000 of Population.
1890	301,931	308	187	61·9
1891	309,812	334	186	60·3
1892	314,312	345	192	61·0
1893	318,872	350	199	62·4
Annual Average,	311,232	334·25	191	61·4

“The above table shows—

“I. In respect of *applications*: that the annual increase in the number of applications made to the Inspector for the removal of supposed insane persons shows a tendency to drop to a normal increase in proportion to population. We may therefore hope that, if we are right in assuming that the growth in applications has been caused by the greater willingness on the part of the public to avail themselves of asylum treatment and parochial aid in that connection for relatives suffering from mental disorder, it has now nearly reached its maximum limit.

“II. In respect to the *number of cases certified insane*, it is evident that in relation to the population the amount of certifiable insanity has remained practically uniform during these four years, and that there has therefore been no increase of insanity. There are always a considerable number of cases sent to the asylum each year suffering from recurrent attacks of insanity, and it might be supposed that if the recurrent cases were deducted from the total number of cases certified,



the result would show an increase in the number of occurring cases each year. During the four years under review the average number of cases in which there had been previous attacks of insanity was 58, against 132 in which there was no history of previous insanity; and the relation between the two classes of cases hardly varied from year to year. An investigation of the causes of insanity equally fails to indicate any growth in occurring insanity due to increased prevalence of any of the usual causes of insanity. In neither of these directions, therefore, do we find any reason for modifying the conclusion indicated by the figures we are now dealing with—viz., that there is really no increase of insanity in the community.

“It is right, however, to point out that the amount of certifiable insanity has been kept within what may be considered to be its normal limits by the employment of facilities for a special scrutiny of all cases reported to the inspector, and for the temporary hospital treatment of suitable cases—facilities which were not available until four years ago, and without which there would have been an important addition to the number of persons annually sent to the asylum. What is certifiable insanity? is a question the answer to which varies with the facilities at the command of medical men for the care of cases requiring special supervision, and with the condition of life of the patients, and the willingness of friends to undertake the care and responsibility involved. Medical opinion, therefore, as to what may be considered to be certifiable mental unsoundness must be regulated by the fulfilment of these conditions. When it is remembered that during four years 325 cases of various forms of nervous and mental disorders—such as delirium tremens, hysteria, delirium due to physical causes, and such like, being an annual average of 81 cases—have been treated in the special wards at Barnhill Hospital, without in any case removal to the asylum becoming necessary, it will be apparent how valuable this provision has been alike to the medical officers in disposing of the cases, to the patients, and to the parish in preventing a large addition to the number of patients sent to the asylum.

“To summarise the foregoing, it appears—

“1. That the increased pressure upon the Parochial Board, on account of alleged insanity, is due to the greater readiness of the public to avail themselves of the provisions of the Poor Law in respect of mental disorders.

“2. That the increase caused in this way has been entirely



TABLE SHOWING CAUSES OF INSANITY IN THE CASES CERTIFIED.

I. INHERENT CAUSES.	Males.		Females.		Total.	Previous Twelve Months.
Relapse from previous attack, . . . . .	6		6		12	4
Heredity (without known exciting cause), . . .	14		7		21	15
Hereditary neurosis do. do., . . . . .	2		1		3	3
Exacerbation of existing insanity (being boarded-out cases returned to Asylum, and such cases as may have been discharged from Asylum unrecovered, and have not since recovered), .	4		5		9	14
Predisposition from previous attacks (without known exciting cause), . . . . .	8		6		14	22
Mental decay (mental weakness in persons over 60 years of age), . . . . .	1		3		4	5
Mental failure (mental weakness in persons under 60 years of age, who have had average mental capacity until onset of present attack), . . .	2		1		3	...
Natural mental weakness (mental weakness in persons who have always been under the average in mental capacity), . . . . .	2		...		2	4
Congenital defects, . . . . .	8		4		12	4
	47		33		80	71

  

II. INCIDENTAL CAUSES.	With Ascertained Predisposition.		Without Known Predisposition.		Total.	Previous Twelve Months.
	Males.	Females.	Males.	Females.		
Mental shock and strain (fear, fright, anxiety, &c.), . . . . .	3	6	1	1	11	4
Intemperance (delirium tremens), . . . . .	...	...	4	...	4	8
Intemperance (chronic alcoholism), . . . . .	2	2	3	3	10	4
Masturbation, . . . . .	1	...	2	...	3	...
Child-birth (puerperal), . . . . .	...	1	...	6	7	8
Climacteric period, . . . . .	...	1	...	12	13	14
Epilepsy, . . . . .	4	1	2	...	7	5
General paralysis, . . . . .	3	...	3	...	6	10
Religious excitement, . . . . .	...	1	1	...	2	2
Bodily weakness, . . . . .	...	1	1	...	2	3
Uterine disease and irregularities, . . . . .	...	...	...	...	...	2
Organic brain disease, . . . . .	1	...	5	2	8	12
Pregnancy, . . . . .	...	...	...	1	1	2
Apoplexy, . . . . .	...	...	...	...	...	1
Injury to head, . . . . .	...	...	3	...	3	4
Febrile condition, . . . . .	...	1	...	1	2	2
Lactation, . . . . .	...	1	...	...	1	1
Phthisis, . . . . .	...	1	1	2	4	...
Gastro-intestinal disease, . . . . .	...	1	...	...	1	...
Uncertain, . . . . .	...	...	19	15	34	39
	14	17	45	43	119	121
Inherent causes, . . . . .	47	33	...	...	80	71
Total, . . . . .	61	50	45	43	199	192

and adequately met by the methods adopted by this parish, without adding to the number of persons certified insane.

"3. And, consequently, that there has been no increase of certified lunacy in this parish beyond the natural increase caused by growth of the population.

"It is again a pleasure to be able to say that no accident has occurred in the removal of patients, and my thanks are due to Mr. Motion and his assistants for their assistance in visiting and examining the reported cases."

## PERSONAL REMINISCENCES OF M. CHARCOT.

BY JANE B. HENDERSON, M.D. BRUX.,  
L.R.C.P. & S. EDIN., M.P.C.

It is scarcely necessary for me to express the feelings that must have been roused in the minds of all members of the medical profession when they read the sad news that M. Charcot was dead. To those who had the good fortune, at any time, to attend his clinical lectures, and to come within the range of his personal influence, the feeling of loss is intensified, and it is impossible to think of Paris without feeling what a great gap has been made, which it will be quite impossible to fill again. Many teachers there are, and will be, capable of leading into untried paths in search of the true explanation of facts; but few will combine success in investigation with the facility of expression and dramatic power of representing facts which enabled M. Charcot to attract admiring crowds of students from all parts of the world to his weekly lectures at the Salpêtrière.

Last autumn I went to Paris for the first time, and stayed for some months. I had no medical friends there, and was not armed with introductions, but I had a fair knowledge of French, which was, of course, of great advantage to me. My point of observation was simply from among the ranks of the ordinary students, but everything is so beautifully free in Paris that an entire stranger has splendid opportunities of learning from the highest authorities on all subjects. My first business was to study the map of Paris to find out the position of the Salpêtrière, and the best means of getting there. I found that it was about three miles from my lodgings, and could be reached either by traincar or river steamer, so every Tuesday morning, in rain or sunshine, snow